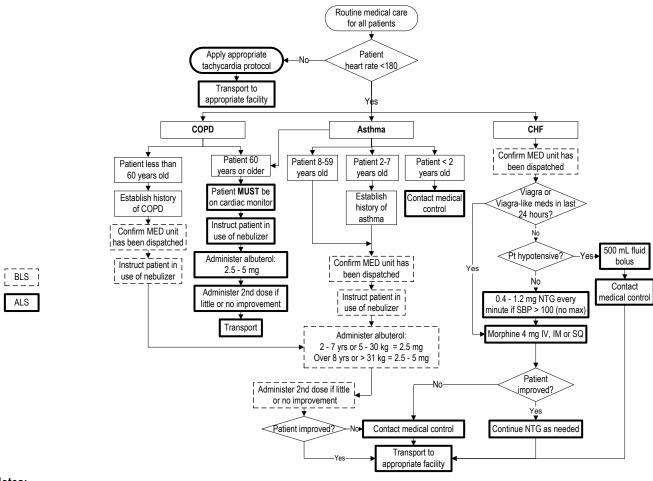
Initiated: 5/22/98
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Revision: 16

MILWAUKEE COUNTY EMS MEDICAL PROTOCOL RESPIRATORY DISTRESS

| Approved by: Ronald Pirrallo, MD, MHSA |
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| Signature: |
| Page 1 of 1 |

| History | Signs/Symptoms | Working Assessment |
|--|-------------------------------|--------------------|
| May have a history of asthma (history | Chest tightness | Asthma |
| required for patients 2 - 7 years old) | Dyspnea | |
| Exposure to irritant | Coughing or wheezing | |
| Recent URI | Accessory muscle use | |
| History of COPD | Chronic cough | COPD |
| | Dyspnea | |
| | Pursed lip breathing | |
| | Prolonged exhalation | |
| | Barrel chest | |
| | Clubbing of fingers | |
| May have a history of CHF | Orthopnea | CHF |
| | Restlessness | |
| | Wet or wheezing breath sounds | |
| | Hypertension | |
| | Tachycardia | |
| | Jugular vein distention | |



Notes:

- A history of CHF is not required before treatment is initiated.
- Patients 60 years and older <u>must</u> be on a cardiac monitor.
- Establish a history of asthma before treating children between 2 and 7 years old. Wheezing may be caused by cardiomyopathy and antagonized by albuterol.
- If an asthmatic has no improvement after a second albuterol treatment, consider contacting medical control for an order for subcutaneous epinephrine.
- A MED unit must transport any patient receiving albuterol in the field.
- Normal room air oxygen saturation (pulse ox) is 94 100%.